

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	Y.G. H.S.	956 866	09/21/01 11-28-01

Response

INDEX OF CLAIMS

- | | | | |
|---|----------------------------|---|--------------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral) Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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